

OLIVE OIL LICENSE APPLICATION**PLEASE COMPLETE THIS FORM FULLY—INCOMPLETE APPLICATIONS WILL BE RETURNED***See page 2 for instructions.*
☐ NEW APPLICANT ☐ RENEWAL APPLICANT ☐ RELOCATION ☐ OWNERSHIP CHANGE ☐ OWNERSHIP AND LOCATION CHANGE

1. Name of Firm			9. Facility Operator (name and title)	
2. DBA (List additional DBAs on separate sheet if necessary.)			10. Facility Telephone Number ()	11. Facility FAX Number ()
3. Facility Address (number, street)			12. 24-Hour Emergency Telephone Number ()	13. E-Mail Address
4. Facility Address (continued)			14. Correspondent (name and title)	
5. City	State	ZIP Code	15. Correspondent Telephone Number ()	16. Correspondent FAX Number ()
6. Mailing Address (if different or P.O. Box number)			17. Country (if other than United States)	18. FDA CFN or FEI Number
7. Mailing Address (Continued)			19. Website (URL)	
8. City	State	ZIP Code	20. Interstate Commerce (Check all that apply.) <input type="checkbox"/> Product Shipped <input type="checkbox"/> Product or Raw Materials Received <input type="checkbox"/> N/A	
21. Type of Ownership <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/Limited Liability Company <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other _____				
22. Corporate Name (if applicable)			State of Incorporation	
23. Owners' or Officers' Names and Titles			Owners' or Officers' Names and Titles	
24. Type of Activity (Check all that apply.) <input type="checkbox"/> Manufacture <input type="checkbox"/> Repacker <input type="checkbox"/> Distributor				
25. Olive Oil Manufactured, Repacked, or Distributed:				

Brand	Type of Containers	Sizes

NO FEE IS REQUIRED FOR THIS LICENSE.**By signature, I declare under penalty of perjury that all information provided herein is true and correct.**

26. Signature of Applicant		Date
Print Name	Print Title	

PLEASE DO NOT WRITE BELOW THIS LINE

License Number	Expiration Date	Date Received	Payment Type	Amount
				\$

Instructions for Completing the Olive Oil License Application

PLEASE PRINT OR TYPE YOUR APPLICATION.

New Applicant/Renewal Applicant: Place an (X) in the box next to New Applicant if your firm has not previously applied for an Olive Oil License at this location while under the current ownership. Place an (X) in the box next to Renewal Applicant if your firm has already obtained an Olive Oil License for this location, and you are renewing that license. If this firm has changed location, ownership, or both, place an (X) in the box adjacent to the appropriate response.

1. **Name of Firm:** Enter the full name of business, corporation, company, or organization applying for licensure.
2. **DBA:** Enter any other name(s) your company is doing business as.
- 3.–5. **Facility Address:** Enter the number, street, city, state, and ZIP code for this facility location.
- 6.–8. **Mailing Address:** Enter the full mailing address if different from the facility address.
9. **Facility Operator:** Enter the full name of the person who manages the operations at this facility and their title.
10. **Facility Telephone Number:** Enter the daytime business telephone number of this facility.
11. **Facility FAX Number:** Enter the facility FAX number.
12. **24 Hour Emergency Telephone Number:** Enter the telephone number to be called in the event of an emergency.
13. **E-mail Address:** Enter the facility e-mail address.
14. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.
15. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
16. **Correspondent FAX Number:** Enter the daytime business FAX number of the contact person.
17. **Country:** Enter the country where your facility is located if outside of the United States.
18. **FDA CFN or FEI:** Enter the facility's U.S. Food and Drug Administration Central File number or Federal Establishment ID if known.
19. **Website:** Enter the website address for your business if applicable.
20. **Interstate Commerce:** Place an (X) in the boxes that correctly describe your business' receipt or distribution of products or materials through or into interstate commerce.
21. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership.
22. **Corporate Name:** Enter the corporate name if applicable. Enter the State of Incorporation if applicable.
23. **Owners' or Officers' Names:** List the business owners' or officers' names and titles.
24. **Type of Activity:** Place an (X) in the box adjacent to the types of activities this firm engages in with regard to Olive Oil.
25. **Olive Oil Manufactured, Repacked, or Distributed:** Enter the brand name, type of container, and size containers for the olive oil this facility manufactures, repackages, or distributes. Attach a separate sheet if more space is needed.
26. **Sign the application, enter date signed, print your name and title.**

MAIL APPLICATION TO:

Regular Mail: California Department of Public Health
Food and Drug Branch - Cashier
MS 7602
P.O. Box 997435
Sacramento, CA 95899-7435

Overnight Mail: California Department of Public Health
Food and Drug Branch - Cashier
1500 Capitol Avenue, MS-7602
Sacramento, CA 95814

Call the Food and Drug Branch at (916) 650-6500 if you have additional questions about this application.